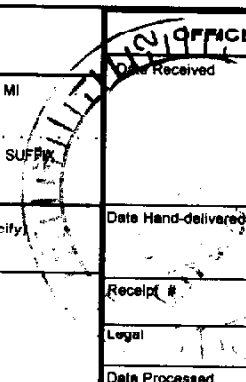


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>3</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
				Date Hand-delivered or Date Postmarked	
				Receipt #      Amount	
				Legal      Totals	
5 ORIGINAL PERIOD COVERED	Month      Day      Year <b>01 / 01 / 05</b> THROUGH <b>06 / 31 / 05</b>			Date Processed Date Imaged	

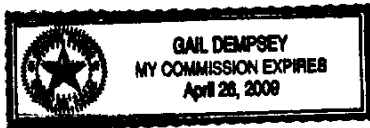
## 6 EXPLANATION OF CORRECTION

*Correction of address for Waste Management PAC.*  
*Correction of complete address for:*  
*1) Hard Rock Cafe*  
*2) Lunar Rendezvous*

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by ADDIE WISEMAN this the 17 day of July

20 06 to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A <i>1 of 1</i>	
2 FILER NAME <i>Addie Wiseman</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/16/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Waste Management Pac</i> 6 Contributor address; City; State; Zip Code <i>[REDACTED]</i> <i>HOUSTON, TEXAS</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME

Addie Wiseman

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

2/10/05

Hard Rock Cafe

6 Payee address; City; State; Zip Code

560 TEXAS AVE.

HOUSTON, TX 77009

\$86.52

8 Purpose of payment (See instructions regarding type of information required.)

meals

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

6/15/05

Lunar Rendezvous

Payee address; City; State; Zip Code

1201 NASA RD. 1

HOUSTON, TX 77058

\$150.00

Purpose of payment (See instructions regarding type of information required.)

reception

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED